Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause

20c. TIME OF INJURY Month, Day, Year

Haur 'a.m.

a. COUNTY

3. NAME OF

S. SEX

DECEASED

(City or town)

(Caunty)

(State)

1967, ta Nov. 3, 1967, that (1) (we) last

1967, and that death accurred attel 5 cm, from causes and on the date stated above 22b. DATE SIGNED

(County)

22d. ADDRESS

DIRECTOR

STAFF PHYS.

23d. LOCATION (City or Town)

St. Leonard, Maryland

22c. PHYSICIAN'S

22g. SIGNATURE

REMOVAL (Specify)

Burial

24 FUNERAL DIRECTOR

NAMETType Roberto de Villarreal 23b DATE THEREOF 23a. BURIAL CREMATION.

saw the deceased alive an Nov. 3

23c. NAME OF CEMETERY OR CREMATORY Miranda Memorial Cemetery Nov.5,1967

20d. INJURY OCCURRED

at wark

21. I certify that (1) (this haspital) attended the deceased fram May 15

Nat While

at work

Home Owings, Maryland

M.D.

20e. PLACE OF INJURY (Hame, form,

factory, street, office blda., etc.)

25d. RECD BY REGISTRAP 25b. REGISTRAR'S SIGNAT

Huntingtown Calvert Md.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and in any event, within 72 hours physician (ien please or remova crematian, signed by the burial-transit signed L burial, ar attending peen as the Health : this certificate TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital detached for the Dept. of h State After TO FUNERAL DIRECTOR: director, page 3 shauld be filed v

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and a service of the service of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15159 CERTIFICATE OF DEATH 15162 death. N funeral and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Calvert MARYLAND Maryland Calvert CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) of in by C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours hours Prince Frederick Dares d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? Dan E event, within Padgett's Nursing Home NO. YES within completely carbon 3. NAME OF First Middle Last 4. DATE Month Oav Year DECEASED LOTTIE KKE LEE 1967 COX (Type or print) DEATH Nov. 30 6. COLOR OR RACE 8. OATE OF BIRTH remove 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) | Months In any Oavs Hours and Female White Nov. 18, 1886 WIDOWED IX DIVORCEO [8 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? physician certificate be and Housewife Calvert Co. Maryland USA removal. 13. FATHER'S NAME 14. MOTHER'S MAIGEN NAME attending ph Mary A. Conner Samuel Fowler 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 15. WAS DECEASED EVER IN U.S. ARTIMED FOR (Yes, no, or unknown) (If yes give war or dates of service) 215-54-8207 17. INFORMANT 16. SOCIAL SECURITY NO. Address permit. or death cremation, Mrs. Virginia Penn - Prince Frederick, Md No the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b); and (c).] INTERVAL BETWEEN ONSET AND OBATH burial-transit burial, cremat signed by PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a OHE TO Conditions, If any, which ched for use as the built of Health prior to bu (b) gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) I be detached for State Dept. of I 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part 11 of Item 18.) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After d be d While Not While at work at work 70 retained 21. I certify that (I) (this hospital)/attended the deceased from to FUNERAL DIRECTOR: saw the deceased alive on M. from the causes and on the date stated above. 3 sh and that death occurred at 22a, SIGNATURE 22b. OATE SIGNED pe ATTENDING PHYS. M.O. DIRECTOR PHYS Шау E E director, p PHYSICIAN'S 22d. ADDRESS NAME (Type) J. Weems NAME OF CEMETERY OR CREMATOR' BURIAL, CREMATION, 23b. LOCATION (City, town or county) (State) 2 REMOVAL (Specify) Miranda Memorial Burial Huntingtown 25b. REGISTRAR'S SIGNATURE FUNERAL OIRECTOR REC'O BY REGISTRAR 25a. Wordwings, Maryland VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15150 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15163 HEALTH DEP 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY 2, and 3 to PM3. Page MARYLAND District of Columbia CALVERT b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Rural - Prince Frederick Washington late Depo d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Give Pages 1, 2 ON A FARM? NO X YES 3900 Cathedral Avenue Calvert County Hospital This certificate should be executed within 24 hours after death. e, writing the ward "pending" in pencil in Item 18. Give Pag farwarded to the Chief Medical Examiner's Office along with 4. DATE NAME OF Month Year DECEASED (Type or print) DEATH November 19 67 LUANN FAIRBANKS FELIX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthday) Months Dovs Hours death. WIDOWED DIVORCED 000,29 and 2 Female White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country COUNTRY? after during most of workigg, life, even if retired) INDUSTRY 1125/10 115/19 pages 13 FATHER'S NAM 14. MOTHER'S MAIDEN NAME 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO permit. (Yes, no, or unknown) (If yes give wor or dotes of service) within / 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY: Intracerebral hemorrhage IMMEDIATE CAUSE (o). DUE TO any Conditions, if ony, which gove rise to immediate couse (a), 9 DUF TO stoting the underlying couse pup lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY removal, PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING plubds EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o.m. may be retained for yaur FUNERAL DIRECTOR: Page at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy X, and in my apinian Inspection Inquiry to burial. Natural causes X . Accident . Hamicide the funeral director. death resulted from: Suicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED 5 mc, TO FUNERA. Health prior t ASSISTANT MEDICAL EXAMINER L SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type Wilson M.D. 23c. NAME OF CEMETERY OR CREMATORY Edward November-8 230. BURIAL, CREMATION REMOVAL (Specify) 250. REC D BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

no salina de nacionada and an age of the second War and the second A CHARLES A CHARLES

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF OEATH a. COUNTY b. COUNTY after Maryland Calvert Calvert MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b davs Rural-Lusby Rural-Prince Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital = Rt.#4 - Box #209 YES NO X with completely carbon NAME OF Middle Month DECEASED event, 11 19 67 Walter Fowler (Type or print) Kirwan DEATH executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS 7. MARRIEO NEVER MARRIEO last birthday) Months any white male WIOOWEO [OTVORCEO 1-22-03 6 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician in please r (Calvert Co) J. S. A. during most of working life, even if retired) INOUSTRY Humble Oil Co. Painter (ret. Maryland certificate 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME attending ph Martha Day Thomas Walter Fowler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attend it permit. nation, or r (Yes, no, or unkown) | (If yes give war or dates of service) death Lusby, Maryland Mary 216 10 No been signed by the the burial-transit proof to burial, cremation 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: mar the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the certificate has be thed for use as the pt. of Health prior to underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMEO? NO [YES 208. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part 1 or Part II of Item 18.) MEDICAL TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While be retained by at work at work 1967, to Nov. 27, 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Nov. the DIRECTOR: / 1967, and that death occurred at 7:00eM, from the causes and on the date stated above. saw the deceased alive on Nov. 277 22b. DATE SIGNEO 22a. SIGNATURE page ATTENOING PHYS. STAFF PHYS. (x) 11 - 27 - 67DIRECTOR M.D. Page 4 may FUNERAL 22d. AOORESS PHYSICIAN'S director, p NAME (Type) Frederick, Maryland Osman Ersoy. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Park Buria Nov. 30/67 Glen Haven Memorial Glen Burnie, Maryland 24. FUNERAL DIRECTOR Singleton Funeral Home Glen Burnie, Marylan Poats 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Helianley VR A15 (4) 15M 4-64

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15162 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 15165 FOR STATE 2. USUAL RESIDENCE (Where decoased lived, if institution, Relidence before admission 1. PLACE OF DEATH o. COUNTY o. STATE b. COUNTY after death MARYLAND Pag delay partment c. LENGTH OF STAY IN 1b mite RUKAL and give nearest town) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs are YES 🔲 NO K 24 hours after death. 3. NAME OF Middle 4. DATE Month First Doy Year DECEASED with the within (Type or print) DEATH Office along S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Hours WIDOWED DIVORCED land 2 event 10b, KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, eyen if retified). INDUSTRY COUNTRY? any (he ward "pending" in pencil in ta the Chief Medical Examiner's 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAM Ξ and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT remayal. (Yes, be, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (d INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Б IMMEDIATE CAUSE (a) This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse be farwarded last. burial, BART M. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) pridr PRIMART CONTRIBUTING CAUSE OF DEATH. should agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town FUNERAL DIRECTOR: Page Not While of work ot work its designated 21. I certify that I took charge of the remains described above, held an Autopsy P Inspection and in my apinion the funeral director. death resulted from: Suicide Z Natural causes Accident Undetermined monner may be retained Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DAJE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Б DEPUTY MEDICAL EXAMINER EXAMINER'S Health NAME (Type) Address (Street, city, town, or county) 23o. BURIAL CREMATION 23b. DATE THEREO! 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County) (Stole) 50 REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURI 24. FUNERAL DIRECTOR O REC'D BY REGISTRAR VR A15ME (5) DATE NOV

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 75163 15166 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission)
b. COUNTY / / CHARLES OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. death PLACE OF DEATH o. COUNTY Calvert MARYLAND Marvland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 Rural-Prince Frederick days e. IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Calvert County Hospital NO F YES 3. NAME OF First Middle 4. DATE Year Last remaye carban DECEASED H111 and in any event, (Type or print) Nannie Marie DEATH 19 S SEX AGE (In years FUNDER I YEAR JNDER 24 HRS 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost birthday) Months Doys HOURS 8-3-96 female white WIDOWED 😿 DIVORCED and 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) during frequencial fit, (New if retired) COUNTRY? ENDUSTRY the attending physician sit permit. Then please II.S Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Gerald Manard Matthews Dorcas Emily Freeman AdBox 657 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates at service 220-54-5906Mrs. Martin Matthews LaPlata. Md. buriat, crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o). signed by DUE TO Conditions, if ony, which gave nse to immediate cause (o). DUE TO stoting the underlying couse as the priartat be retained by the hospital or attending has been last 19. WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO FUNERAL DIRECTOR: After this certificate 20o. ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) 20t TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While of work at work 13, 19, 67, to Nov. 10, 19, 67 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Jan. saw the geleased glive on Nov. 10 19 67, and that death occurred at 7:10 pM, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED ATTENDING STAFF 11/10/1967 director, page 3 shauld be filed v M.D. DIRECTOR PHYS PHYS 22d. ADDRESS O HOSPITAL Page 4 may NAME (Type) George J. Weems, M.D. Huntingtown. Maryland DATE THEREOI 230 BUT AL, CREMATION, (Stote) EMOVAL (Specify) 2 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where depeased lived, if institution; Residence before admission) b. COUNTY after Calvert Maryland Calvert MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Rural-Prince Frederick c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours day North Beach d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 311 7th Street Calvert County Hospital NO A YES NAME OF DECEASED Middle Month DATE OF DEATH (Type or print) Frank DeWitt Major 8 1967 event executed 5. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min Months any and 10-16-88 WIDOWED [DIVORCED (male white physician and please re and in 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A Carbenter Building Virginia certificate 13. FATHER'S NAME MOTHER'S MAIDEN NAME remova attending parmit. Then Frank Edward Major Alice Blunt n signed by the attend burial-transit permit. burial, cremation, or re 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Pa. death (Yes, no, or unkown) (If yes give war or dates of service) Ave.. Alfred Seibert Washington unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO aw requires Conditions. If any, which (b) gave rise to immediate the r DUE TO cause (a), stating the prior underlying cause last. 38 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? certificate YES NO T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) detached for the Dept. of this MEDICAL 20c. TIME OF INJURY Month, Day, Year 120e. PLACE OF INJURY (Home, farm, 20d, INJURY OCCURRED 20f. (City or town) (County) (State) be de State i factory, street, office bldg., etc.) Hour a.m. After Not While p.m. at work at work be retained 3 should with the 21. I certify that (1) (this hospital) attended the deceased from to Nov. 19.67. that (I) (we) last TO FUNERAL DIRECTOR: saw the deceased alive on Nov. 1967 and that death occurred ato: 500M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED page ATTENDING STAFF TO HOSPIINE Page 4 may b M.D. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN' 22d. ADDRESS director, p NAME (TYRE George Weems. Huntingtown BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) URIA FUNERAL DIRECTOR REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH IVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH a. COUNTY USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Calvert Calvert MARYLAND CITY DR IDWN (if outside corporate imits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) Pag hours 34 days Rural-Prince Frederick Rural-Owings d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled bob 72 wilden 72 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES X NO etely executed within NAME OF Middle Last DATE Month Day Year DECEASED OF event, compl (Type or print) Pedro DEATH Downey Marquess 19 6. CDLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS геттоуе NEVER MARRIED birthday) Months Days any Hours and white 3-10-89 male DIVORCED WIDOWED K 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ē 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please death certificate be INDUSTRY COUNTRY? and U.S.A. Farming Farmer Marvland certificate has been signed by the attending phy ned for use as the burial-transit permit. Then pl. of Health prior to burial, cremation, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME Gertrude Hunt John Marquess 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 219-36-9504 No William Marquess Owings, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of Pancreas the hospital or attending physician. Terminal IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY O FUNERAL DIRECTOR: After this certificate h director, page 3 should be detached for use should be filed with the State Dept. of Health ; PERFORMED? YES . NO 🗆 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Pert II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bidg., etc.) Hour a.m. Not While While be retained by p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from May 13 19 65 to Nov. 19_67. that (I) (we) last saw the deceased alive on Nov 67. and that death occurred at 6:50M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF 11-2-67 M.D. PHYS. DIRECTOR PHYS. Page 4 may 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Frederick, Maryland Issam F. Damalouji. Prince el 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Nov. 3, 1967 Mt. Harmony Chr. Cemetery Owings Calvert Md. Burial FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR Milarles VR A15 (4) ome Owings, Maryland 1967 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Cal vert alvert MARYLAND funeral funeral Department b. CITY OR TOWN (if outside corporate fimits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) Prince Frederick Broomes Island d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) 10 d. STREET ADORESS e. IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours Calvert County Hospital NO 3 YES NAME DE Middle Last DATE Month Dav Year THE REAL PROPERTY. 18 (Type or print) DEATH November Luther Bruce Mister 19 6 2 with within 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | FUNOER 24 HRS 7. MARRIED [NEVER MARRIED last birthday) Months Days Hours Mal e White 1-15-83 WIDOWEG pages 1 and 2 in any event 1Da. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waterman Maryland IISA 13. FATHER'S NAME MOTHER'S MAIDEN NAME and and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN Address permit. F (Yes, no, or unknwn) ((If yes give war or dates of service) CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND OEATH PART I. DEATH WAS CAUSED BY: a burlal-transit cremation, or i IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave risa to immediate DUE TO ceuse (e), stating the 60 used as a to burial, u underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) WAS AUTOPSY CERTIFICATION 119. PERFORMEO? YES NO should be 2Da. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) PRIMARY | or CONTRIBUTING | 3 shoul agent, 1 MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. While - Not While CTOR: Page designated at work at work 21. I certify that I topk charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion FUNERAL DIRECTOR: Health or its design Natural causes death resulted from: . Accident Sulcide **Homicide** Undetermined manner CHIEF MEDICAL EXAMINER for your please execute director. Page 4 ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE OFPUTY MEDICAL EXAMINER 11-18-67 director. retained Issam El Damalouji. NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) BURIAL, CREMATION 1 230. DATE THEREOF (State) of O REMOVAL (Special) 0 BEC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR 25a. VR. A15ME 5M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15167 15170 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY a. STATE b COUNTY Calvert MARYLAND Maryland Calvert CITY OR TOWN (if autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) Rural-Prince Frederick 11 de d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Rural-Owings ll davs d STREET ADDRESS e IS RESIDENCE ON A FARM? Calvert County Hospital YES TO NO E OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF pou Lost 4 DATE Month Day Year DECEASED (Type or print) Clarence Beauregard Plummer T' DEATH 1967 S SEX 6. COLOR OR RACE 7 MARRIED TO NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdov) Months Days Hours white -25-92 male WIDOWED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) INDUSTRY Farmer Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remayal. Gertrude Chanev Clarence Plummer 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, an ar unknown) (If yes give war ar dates of service) 6 8-12-9142 Elizabeth Plummer Owings, Marylan signed by the burial-tronsit p 18 CAUSE OF DEATH (Enter only one cause per line Jent(a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH way a IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause this certificate has been 19 WAS AUTOPS)
PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Heolth NO 20a ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of mury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NIJRY Month, Day, Year 2Dd. INJURY OCCURRED 2De PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour 1 a.m. factory, street, affice bldg , etc.] Nat While at wark at work Leertify that (1) (this hospitor) oftended the deceased from NOV. 5 19 65, to Nov. 27, 19 67that (I) (we) lost be retained TO FUNERAL DIRECTOR: 27 1967, and that death occurred of 20 aM, from causes and on the date stated above. sow the deceased olive on Now. 220 SIGNATURE 22b DATE S GNED STAFF PHYS. 11-27-67 M.D. DIRECTOR PHYS director, page should be filed 22d ADDRESS 22c. PHYSICIAN'S Roberto de Villarreal, M.D. St. Leonard, Maryland 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF 23a BURIAL CREMATION. (State) REMOVAL (Specify) Nov. 29,1967 ower Marlboro, Chr. Cem Lower Marlbo Burial 24 FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Owings, Maryland 1987

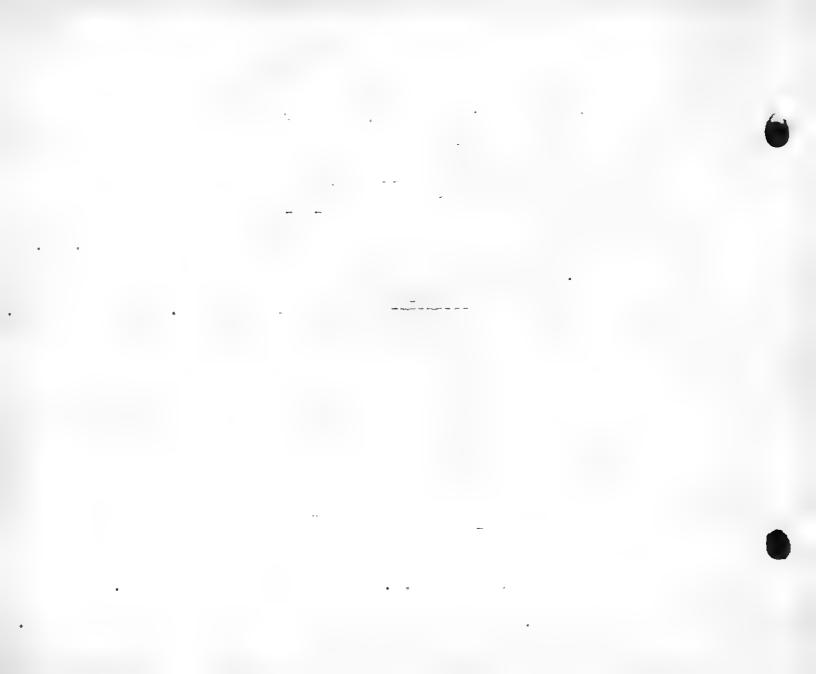
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 bours after deept. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

1	DIVI	SIUN OF STA	TISTICAL RESE	ARCH AND RECORD	IS, 301 W. PRESTO	N STREET, BA	LTIMORE 1	I, MARYLAN	1D					
ı	151	6.3		CERTIFICAT	TE OF DEATH	1		1515	71					
	1. PLACE OF a. COUNTY	DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission									
ł		alvert		Manyuanto	a. STATE Maryland b. COUNTY Calvert									
ŀ	b. CITY OR	TOWN (If outside	corporate limits.	MARYLAND I c. LENGTH OF STAY IN 15										
I	Rural -	URAL and give nea Prince F	corporate limits, rest town) rederick	L days		ke Beach			2 !					
ŀ				ospital, give street address	d. STREET ADDRESS	tke beach	H	e, Is	RESIDENC					
7			y Hospits		2nd Stree	t. Randl	e Clif		N A FARM?					
1	3. NAME OF		First	Middle	Last	4. DATE	Month	Day	Year					
1	DECEASED (Type or p	int)	Mary	Jane	Smith	OF DEATH	11	15=14=						
ľ	5. SEX	6. COLOR O			8. DATE OF BIRTH	I 9 ACE /	In veare LEUN	NOFE 1 VEAD HELINDED 24 HD						
١	female	white			2 2 26	last b	Irthday) Mont	hs Days He	ours Min.					
ı	10a. USUAL OCC	UPATION (Give kind	of work done 10h. k	(IND OF BUSINESS OR	3-2-26 11. BIRTHPLACE (C	ounty & State, or fore	yrs. gn country) 12	2. CITIZEN OF V COUNTRY?	WHAT					
1	during most of	working life, even	If retired)	NDUSTRY										
ŀ	13. FATHER'S	ewife	1		14. MOTHER'S MAIL	irginia	U.S.A							
1		→ C.												
ŀ	15. WAS DECE	Homer B. Stover 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service)												
1		wn) (If yes give war	or dates of service)					//0						
ŀ	No				<u> John Fitzma</u>	urice	same	as #2						
1			7.1	line for (a), (b), and (c).1	0.11	1. 0		ONSET	L BETWEEN AND DEATH					
ı	PART I. DEATH WAS CAUSED BY: ONSET AND DE IMMEDIATE CAUSE (a) CHILLIPTO CALLOGICA													
1	7 3 4 DUE TO C													
1		Conditions, if any, which gave rise to immediate (b) Augustius Must Could												
1		, stating the	DUE TO	Y	,	1								
1		cause last.				AS AUTOPSY								
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)													
YES														
	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH CAU													
1														
1	3 2Dc. TIMI	OF INJURY Mont		- for	ACE OF INJURY (Home, fa	erm, 2Df. (City or	town)	(County)	(State)					
I	2Dc. TIMI	Hour a.m. While Not While factory, street, office bldg., etc.) p.m. 19 at work at work												
ı	21. I certify that (1) (this hospital) attended the deceased from Nov. 11, 19 67, to Nov. 11, 19 67, that (1) (we) last													
I	saw the deceased alive of Nove 14 1967, and that death occurred at 9:259M, from the causes and on the date stated above													
ı	22a. SIGNATURE 22b. DATE SIGNED													
1		CH.	more	my M		MED. ST/	YS. D	-/3-1	5/					
1	22c. PHY	SICIAN'S IE (Type)	_ (/		22d. ADDRESS				/					
ı	Usman Z. Ersoy, M.D. Prince Frederick, Maryland													
	23a. BURIAL, REMOVAL	CREMATION, 23b.		23c. NAME OF CEMETE					(State)					
	Burial	Nov	.18,1967	Blue Ridge M	emorial Cem	erery B	eckley	W. Vir	ginia					
	24. FUNERAL	DIRECTOR	14/	ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGISTI	RAR'S SIGNATU	RE					
	Truly	41M2 Ties	ucral 9-You	el Owings, Ma	ryland DATEN	IV 2 0 1961	Acres	erles Ju	7					

VR A15 (4) 15M 4-64





MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

15170

CERTIFICATE OF DEATH

15173

意意		I. PLACE OF CEATH O. COUNTY					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. STATE b. COUNTY								
fer fer fer	-	Cal T	rert f outside carparate limi	ite.	7 (5)	MAR NGTH OF STAY	YLAND IN 16	o. STATE Maryland Calvert C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
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24 hours opers.			AL OR INSTITUTION (IF					d. STREET ADDRESS	n be	acii			e. IS RES		
	9		County										YES	FARM?	
within within within		NAME OF DECEASED		First		Middle		Last	4. DATE	E	Month	D	оу у	ear	
omplete ve corb event,		(Type or print)		llard	-	Spick		Ward	DEAT		11			67	
executed with and completely remove corban any event, with		SEX _	6. COLOR OR RACE	7. MARRIE	2	NEVER MARRIE		DATE OF BIRTH		9. AGE (In ye	loy) Mon	NDER 1 YEAR		Min.	
ond co		ISUAL OCCUPATION	White	WIDOWE		DIVORCE BUSINESS OR	в <u>Г</u>	7-25-97	v 8 State or	10	yrs.	2. CITIZEN	OF WHAT		
on on on ose	dur	during most of working life, even if retired) INDUSTRY							11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
ficate ysicio pleos pleos ol, on	13.	Drilling Artisian Wells 13. FATHER'S NAME						14. MOTHER'S MAIDEN NAME							
ing phy Then removo		W. Clif		Mary Wilkerson Wilkerson											
e death certificate b attending physicion termit. Then please on, or removal, and i	15.	WAS DECEASED EVE	R IN U.S. ARMED FORCES (If yes give wor or dotes	? of service)		SECURITY NO.		NFORMANT			Address				
aftendi permit. on, or r		10		12			33 L	orena War	d	North	n Bea	ch,	Md.		
		18. CAUSE OF OR PART I. DEAT	ATH (Enter only one co H WAS CAUSED BY:	ouse per line	or (o), (b)	, ond (c).)	.0.	- 6	2-1-6	don	7		NTERVAL BE ONSET AND		
		260x	IMMEDIATE CAUSI	E (0)	74	M Ja	una	2 1	-						
equires physici signed buriol-t		Conditions, if any,	which gove	(b)	1	nol	ell	nelle	lin	7					
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aw rading been the or to		last.)	(c)											
The la r oftence e hos b use os ulth prio	NOIN	PART II, OTHER SI	SNIFICANT CONDITIONS	CONTRIBUTING	S TO DEAT	H BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CO	ONDITION G	IVEN IN PART I	(a)		9. WAS AU PERFORM	TOPSY MED? NO	
d o o o o o o o o o o o o o o o o o o o	CERTIFICATION	20o. ACCIDENT WAS		20Ь.	DESCRIBE	HOW INJURY O	CCURRED. (Enter nature of injury in	n Port I or P	Port II of item 1	18.)		723		
		OR CONTRIBUTING (IF EITHER, NOTIFY	MEDICAL EXAMINER)												
NG PHYSIC y the hospi for this cert e detached cate Dept. o	MEDICAL	20c TIME OF INJU Hour o.n p.n	RY Month, Doy, Yeor 1. 1.	20d. Whi		OCCURRED Not While at work		E OF INJURY (Home, for ory, street, office bldg., et	c.)			(County)		(Stote)	
After After d be e Star	91	21 certil	what (1) (this ha	spital) atte	nded th	e deceased	from	Nov. 6	19 67,	to_Nov	7. 9,	19_67	that (I)	(we) lost	
Oine Ook TOR:		saw the de	ceased alive an	77 77	-	1967)	and that	death accurred a	to:II 8	M, from co		on the d		d abave.	
R A A SECTION		220, SIGNATURE	Janua	llæn	ev	5	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			-67	,	
TAL O		22c. PHYSICIAN'S	4					22d. ADDRESS							
d b	i	NAME (Type)	Roberto	de Vi	Ila	rreal	. M.	D. St. I	eona	rd, Ma	aryla	nd			
Poge 4 m O FUNER director, should b	230	BURIAL, CREMATIC BEMOVAL (Specify	N, 23b. DATE TO	HEREOF	23c.	NAME OF CEM	//	01/1	2 23d.	LOCATION (City	or Town)	1 (Cour	ity)	(Stote)	
5 5 5	24	Luria	1/1-/	x. 61	/	ADDRESS	Tarin		D BY REGIS	STRAR	5b. REGISTRA	A SIGNA	TIRE	ma	
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